Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

. CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			2		(Oolu			RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			3 minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		*			X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=	
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2	ı	TOTAL	· ·	OR	TOTAL	210
CLAIMS AS AMENDED					PART II						OTHER THAN	
		(Column 1)	(Colur		mn 2)	(Column 3)		SMALL	NTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		J	+135=		OR	+270=	
							•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)		ADDII: 1 EE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	·
	Independent	*	Minus	***		=		X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚╽	105			+270=	
								+135= TOTAL		OR	TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1)			imn 2) HEST	(Column 3)	١.					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREV	MBER HOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	11	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	IT OL AIN	=	1	X40=		OR	X80=	
L	FIRST PRESE	ENTATION OF M	ULTIPLE DEI	PENDEN	II CLAIM		J	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Night at Number Braylously Raid For" IN THIS SPACE is less than 20, enter "20."										OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												